Program Proposal to Use Drama Therapy and Storytelling as a Therapeutic Method for the

Treatment of Eating Disorders

Melanie E. Hoffman

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State University of New York College at Oswego
Introduction

Statement of the problem

It is estimated that 20 million women and 10 million men in the United States will suffer from an eating disorder at some point in their lifetimes. By the age of 6, girls in particular begin to show concern about their body shapes and weight, and 40-60% of girls in elementary school become worried about getting fat. These thoughts and concerns only persist and increase with age (Smolak, 2011). Poor self-esteem and body dissatisfaction are a major societal issue. There are many causes for these ways of thinking, such as images and ideals portrayed by the media, messages that children receive from their caretakers, comparison to others, and lack of education and discussion. These factors combined can often lead to unhealthy lifestyles, and these individuals are prone to have eating disorders. Eating disorders are potentially life-threatening conditions and deserve the attention of society in order to bring about change.

There are several types of eating disorders, including Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and eating disorders not otherwise specified (EDNOS). Anorexia Nervosa is categorized by extreme weight loss and restricting calories to the point of starving oneself. The onset of this eating disorder tends to occur during early or middle adolescence, and 90-95% of these individuals are female. There are several health conditions that result from this eating disorder, including muscle loss, growing lanugo (a furry layer of hair throughout the body) to keep the body warm, osteoporosis, and very slow heart rate and overall weakness. Additionally, Anorexia Nervosa has one of the greatest number of death rates than any other mental illness, and 5-20% of those who battle it will die, depending on the severity of the case (National Eating Disorder Association, 2013).

Bulimia Nervosa is an eating disorder in which the individuals binge and compensate in
unhealthy ways such as purging, taking laxatives, or over-exercising. These individuals tend to look of an average body weight. About 80% of these individuals are girls or women, and this disorder affects about 1-2% of adolescent females. Bulimia Nervosa is also often associated with other mental health disorders such as depression and the risk of suicide or medical complications are increased for those with eating disorders. There are many health risks that are associated with Bulimia Nervosa, including tooth decay and staining (from stomach acids) due to excessive vomiting, damaged digestive system, inflammation of the esophagus, and chemical and electrolyte imbalances that can increase chances of heart failure and death (National Eating Disorder Association, 2013).

Binge Eating Disorder (a type of EDNOS) is categorized by extreme binging episodes without compensating for it in any way (such as exercising). These individuals are usually average body weight or overweight. This disorder affects about 1-2% percent of the population, and there are slightly more females that suffer from it than males (60:40% respectively). BED increases the risk of developing depression, and these individuals often report experiencing a lower quality of life than others. Some of the many health risks that are linked to Binge Eating Disorder are high blood pressure, high cholesterol, heart disease, diabetes, and gallbladder disease (National Eating Disorder Association, 2013):

Due to society’s ideals of attractiveness and the fact that almost every individual is deemed “inadequate” when being compared to airbrushed models, these eating disorders exist. The notion of not feeling beautiful in ones own skin is beautifully depicted in the book The Body Project, “ever since the 1960s, adolescent diaries repeat, over and over, the same concern: “I’ve been eating like a pig,” “I’ve got to lose weight,” or “I must starve myself.” This preoccupation is persistent rather than episodic; it characterizes the teen years of most middle-class girls,
regardless of race; and it underlines their struggles with self-identity, peer relationships, and even educational and occupational choices" (Brumberg, 1997, p. 119-120).

The book goes on to explain how American girls in particular are always consumed by body image, and as a result, many girls take unhealthy measures to manage their weight. For several decades, women have been given the same messages (physical beauty matters more than inner beauty), and have been trying to combat their body dissatisfaction issues in dangerous ways (Brumberg, 1997). The problem of extreme body dissatisfaction will persist if society does not change its priorities and standards of beauty. Until people are taught that beauty cannot be defined by a scale, and are not praised nor berated based on their physical appearance, these potentially life-threatening eating disorders and associated mental health issues will continue to consume and damage millions of individuals.

**Theoretical Framework**

One theory that effectively explains the variation in individual’s perception of various symbols, behaviors, and ideas is Symbolic Interactionism. Symbolic interactionism is a sociological viewpoint that examines individuals’ daily behaviors through the use of mindsets, beliefs, and knowledge. This theory focuses on process and allows the individual to remain at the center of their study. Multiple theorists have influenced this sociological perspective, such as George Herbert Mead (who stated that the human mind and self are a major part of social communication), Herbert Blumer (who coined the term “symbolic interactionism” and further developed Mead’s ideas), Erving Goffman (who studied human interaction in wide range of everyday situations) (Benokraitis, 2010).

Symbolic interactionism proposes the belief that individuals act differently in various social situations (work vs. school for instance), including body language, behaviors, and other
aspects of personality. This perspective also examines the use of symbols in general, such as words, pictures, or gestures that may have different meanings and representations for different individuals. In order to communicate efficiently, our symbols must have common meanings or definitions that are understood by different groups. It is crucial to keep in mind the “definition of the situation”, or how we identify reality and how we respond to it. Individuals tend to learn the definitions of symbols in a certain situation through exchanges with loved ones who play a crucial role in our socialization (Benokraitis, 2010).

When individuals are battling poor self-image or eating disorders, triggers are very important to be cautious of. An eating disorder trigger is something that induces a temptation to have symptoms and to perpetuate the disorder (self-comparison, hearing a certain word, trauma, bullying, need for control, etc.). Each person may have very different triggers, so what sparks negativity for one individual may be very different than for the next person (“What Causes Eating Disorders,” n.d).

There are several criticisms of symbolic interactionism, including the fact that it ignores the influence of macro-level factors such as social movement, economic issues, and community policies. This creates a divide between countries and cultures, which makes things such as having a healthy self-image and being considered “attractive” different experience for different individuals, depending on one’s location. Some cultures have more of an emphasis on physical appearance and have a preferred body type, which can create problems with self-esteem if their body does not match their culture’s standards of beauty (Benokraitis, 2010). Another critique of this perspective is that it does not address unconscious aspects of human behavior. People do not always recognize the meaning of their behaviors, which would lead them to behave in a way that might not reflect the things that interactionists might assume it would. Individuals tend to
say hurtful things or act impulsively, only to review the consequences after the fact. This could skew the data and connections that the interactionists are trying to make (LaRossa and Reitzes, 1993).

David Elkind is an adolescent development theorist whose research coincides with the unrealistic ideals and pressures that adolescents endure as they progress. Two aspects of adolescent development that he studied were imaginary audience and personal fable. The imaginary audience refers to the idea that adolescents are often self-absorbed and assume that everybody is watching them at all times (that they are constantly “on stage”). Adolescents are going through constant physical and emotional changes that are difficult to make sense of, so they becoming increasingly more self-conscious and paranoid that their flaws are on display. The personal fable describes how adolescents make up stories about themselves. It is common for these individuals to assume that their experiences are so unique from everybody else’s that nobody understands the changes and struggles that they are experiencing (Dacey, et al., 2004). These ideas mesh well with individuals who have body image issues or eating disorders, because they often demonstrate these qualities. Since their physical appearances are constantly on their minds, they assume that other people are obsessing over their bodies as well. Additionally, they assume that nobody else understands the pressures to stay thin and “beautiful” or to feel insecure about their physical appearances (Rathus, 2010).

Review of the Literature

There have been numerous previously implemented programs that address adolescents, eating disorders, or the benefits of drama therapy. Many of these programs have been successful in helping society to understand the immense need for extreme measures to be taken in order to provide people with healthy ideals of physical attractiveness, rather than promoting
unrealistic beauty standards that drive people to develop life-threatening eating disorders. There is a need for a program that encompasses all three of these aspects (adolescents, eating disorders, and drama therapy), because most programs only include pieces of each. The following section offers insight about the previous research and implemented programs, and why there is a need for drama therapy in conjunction with eating disorder treatment and prevention.

In a study by Lapsley, Jackson, Rice, and Shadid, (1988), David Elkind’s adolescent developmental theories (personal fable and imaginary audience) and self-monitoring were assessed in relation to ego development. The participants ranged from early adolescence to late adolescence, and were grouped by fifth grade, seventh grade, ninth grade, eleventh grade, and undergraduate individuals. This study utilized a new approach to understanding these adolescent development theories by explaining that personal fable and imaginary audience exist due to interpersonal understanding as part of social cognitive maturity, rather than of egocentric behavior as a result of logical development. Self-monitoring refers to the degree to which individuals are conscious of how they represent themselves in social situations. It also is associated with social cues, and how sensitive an individual is to picking up on them, or how careful she is to respond to them in a suitable manner.

This study was measured by means of a questionnaire, using Likert-type questions (to assess imaginary audience and personal fable) as well as true and false questions from Snyder’s Self-Monitoring Scale (to assess levels of self-monitoring). Results indicated that self-monitoring is at it’s highest during early adolescence and subsides as one matures through adolescent development. High self-monitoring individuals also had higher imaginary audience and personal fable scores. Additionally, those those with high scores on self-monitoring, imaginary audience, and personal fable had low ego development scores. The findings indicate
that those who self-monitor find themselves being more self-conscious, which results in engaging in thoughts of the imaginary audience or personal fable. For future research directions, it would be a good idea to expand the study to include research variables that are specific to body satisfaction or eating disorders. This could also give more insight to the notion that self-conscious behavior may be attributed to insecurities, which are also often connected to the onset of eating disorders. Negative body image plagues millions of individuals, and many of them as a result battle life-threatening and chronic eating disorders (Lapsley, et al., 1988).

Federici, Wisniewski, and Ben-Porath, (2011) proposed a program that focused on individuals who met the criteria as multidiagnostic or complex to treat eating disorders. These individuals participated in a MED-DBT program (Multidiagnostic Eating Disorder- Dialectical Behavior Therapy). DBT is a multidisciplinary (drawing from several different areas) therapeutic technique that was originally used for patients who had Borderline Personality Disorder. This treatment method aims to help the client to use herself and her skills as a resource in order to reduce self-destructive behaviors (eating disorders and associated behaviors) and increase self-confidence.

Dialectical Behavior Therapy is a foreign concept for many individuals, and in general it takes several therapy sessions to get accustomed to it. During a session where DBT is used, the counselor does not attempt to fix the problems for the client, but rather taps into the client's skills that could allow her to help herself. The therapist also aims to teach the client emotional regulation so that the client can independently identify her emotions, and use techniques to stop the negative ones from overshadowing the individual. The counselor will have a dialogue with the client that teaches her how to take ownership for her behaviors, become the primary agent of change in her life, and increase her level of self-respect. Some examples of this would be
allowing the client to schedule her own appointments with the MED-DBT program’s staff, or expecting lab results and other paperwork to be taken care of in a timely manner (Federici, et al., 2011).

This program is a valuable one for those who struggle with eating disorders, but there are also barriers that might prevent this program from being universally successful. DBT is a therapeutic approach that relies on the client having the capacity to be self-aware. Depending on the circumstance, not every individual has the capacity to tap into that aspect of him or herself in order to receive the benefits of DBT. Additionally, this program focuses heavily on the skills gained in therapy sessions, whereas individual might respond more positively to a treatment program that also has a focus on creative arts modalities, rather than only on traditional talk therapy (Federici, et al., 2011).

Another program that aims to treat mental disorders is one that was implemented by Berger and Tiry (2012), and focused on Nature Therapy as a tool for coping with psychiatric difficulties. Nature therapy is a unique therapeutic approach that uses creative tools and includes nature as part of the process. It includes other therapeutic techniques such as Drama Therapy, Gestalt, Transpersonal Psychology, Shamanism and Rituals, and uses nature to explain an individual’s mental hardships (social issues, anxiety, depression). Nature Therapy argues that the society which most of us live in (postmodern life) has disconnected the human spirit to others and to the environment, which often leads to lower quality of life, health problems, and psychiatric issues.

Nature Therapy and Drama Therapy have several links, including the fact that they are both non-verbal therapeutic approaches. There are many reasons why talk therapy does not resonate with some individuals to the degree that these other methods do. Often times, there are
language or verbal barriers that can be an issue during talk therapy. For children, many do not know how to express themselves in words the same way that they do by creating something that represents how they feel. Additionally, many other individuals feel similarly; sometimes an individual might be going through something that she cannot describe, but she can show the therapist in other ways. Non-verbal therapies allow the client to self-direct the session in a way that makes her feel safe, comfortable, and that makes sense to her. That is where these creative arts therapy modalities come into play; Nature Therapy is just a variation of creative arts, and deals with non-verbal therapy in a nature setting (Berger & Tiry, 2012).

A research direction that could have made this study even more profound would have been specifically delving into the health issue of eating disorders. The participants in this Nature Therapy program could have primarily been those who are battling eating disorders, in order to see the influence of this therapeutic approach and to document changes in their moods, behaviors, or eating disorder symptoms throughout. Nature therapy relies on the powerful connection between the human spirit and her surroundings (interactions with others and her environment), and those with eating disorders often feel isolated; this therapy could have very positive affects on these individuals (Berger & Tiry, 2012).

Wilson, Peebles, Hardy, and Litt (2006) researched the effects that pro-eating disorder websites have on adolescents with eating disorders. The Internet has become a form of self-expression for individuals (especially adolescents) through the use of websites and blogs. It is reported that two thirds of adolescent girls receive health information from websites, and that many of them alter their behavior due to the information that they find. About 50% of individuals who are reading health information online are already looking to lose weight, and about 25% of them develop eating disorders. The more "web-saavy" younger individuals
become, these websites pose an even greater threat to the health and well-being of these individuals.

Pro-eating disorder websites (pro-ED) are ones that are interactive and draw in members by "acting as a community" to discuss the perks of being skinny and of developing these life-threatening eating disorders. Pro-ED websites also include messages of "thinspiration", through weight-loss advice, poetry, how to hide their disorders from health care providers and loved ones, related links, and merchandise. These sites often act as a united "clique" online. Many of these individuals do find these sites therapeutic because they feel less isolated and may not be ready for therapy. The majority of adolescents who view these websites are struggling, and use the sites as a support system for struggling individuals, and believe that the websites offer hope to them for a happy life as long as they remain physically attractive (which is primarily achieved by engaging in eating disorder behavior). It is difficult for these individuals to see that finding community in something dangerous such as Pro-ED sites is only hurting their health and mental health even more so. There is currently far less information about pro-recovery websites for adolescents with eating disorders; the information that is present is "generally poor-quality", suggesting that recovery may not be attainable for many of these individuals (Wilson et al., 2006).

In this cross-sectional study, a questionnaire was administered to parents and to patients from ages 10-22 who had been evaluated for an eating disorder during a six-year span. Their results showed that most individuals do not need to be directed in order to find this information, and it often surfaces during "chance" searches while browsing the Internet. These individuals generally want to lose weight, and gain new unhealthy methods to do so after visiting pro-ED websites. Additionally, many individuals also adopted new weight-loss or purging
methods from the pro-recovery sites as well (due to the sites' potentially triggering nature). The majority of the parents had not even heard of pro-recovery websites to begin with. Research also found that individuals who utilized pro-ED websites had a longer-length eating disorder than their non-viewing (pro-ED website) counterparts. Part of this could be due to the fact that pro-ED websites tended to downplay the fact that eating disorders are real diseases, and made them seem less severe to visitors of their websites (Wilson et al., 2006).

Those who were on either pro-ED or pro-recovery websites typically did not seek health information from health care professionals or other types of health websites. Research found that adolescents were the ones who generally maintained both types of ED websites, which also may be leading to unhealthy dieting practices. In order to combat this in the future, parents need to be more aware of these types of websites and to make communication and education two priorities regarding adolescents. Additionally, society needs to be more conscious of these sites, and provide this vulnerable population with even more realistic health information (Wilson et al., 2006).

Although these two topics are not typically tied together, the proposed program will address the issue of extreme body dissatisfaction among individuals, which often leads to eating disorders, as well as therapeutic methods to combat these issues, such as drama therapy. The program is intended to reframe how individuals view their bodies as well as empowering them to advocate for their own mental health and physical well-being.
IMPACT MODEL

PURPOSE STATEMENT:
TO HELP INDIVIDUALS UNDERSTAND AND ACCEPT THEIR PERSONAL JOURNEYS THROUGH THE USE OF DRAMA THERAPY AND STORYTELLING.

TARGET POPULATION:
15 PARTICIPANTS, RANGING FROM AGES 12-45 FROM CENTRE SYRACUSE'S DAY TREATMENT CLINIC FOR EATING DISORDERS IN SYRACUSE, NY.

IMPLEMENTATION GOALS:
- OBTAIN FUNDING
- TRAIN STAFF
- HIRE STAFF
- RECEIVE STAGE SPACE
- PROVIDE TRANSPORTATION
- PURCHASE NECESSARY SUPPLIES
- DESIGN CURRICULUM

INTERMEDIATE GOALS:
- DRAMA THERAPY AND STORYTELLING LESSONS WEEKLY
- HAVE PARTICIPANTS ACT OUT THEIR OWN STORIES ON STAGE
- MONITOR PARTICIPANTS' DAILY WEIGHT AND ATTITUDE
- WEEKLY DISCUSSION WITH PARTICIPANTS
- WEEKLY PROGRAM ASSESSMENTS COMPLETED BY PARTICIPANTS AND STAFF
- MAINTAIN BUDGET
- REPLENISH SUPPLIES

OUTCOME GOALS

SHORT-TERM GOALS
- REDUCE THEIR EATING DISORDER SYMPTOMS
- DECREASE NEGATIVITY ABOUT THEIR BODIES
- INCREASE THEIR UNDERSTANDING OF THEATER AND STORYTELLING
- INCREASE THEIR CONFIDENCE IN A GROUP

MELANIE HOFFMAN

LONG-TERM GOALS:
- FULLY UNDERSTAND AND ACCEPT THEIR PASTS
- INCREASE THEIR OVERALL CONFIDENCE
- RECOVER FULLY FROM THEIR EATING DISORDERS
- LIVE HAPPILY AND HEALTHILY

Very good
Proposed Program

The proposed program is to create a drama therapy and storytelling program for the patients at Centre Syracuse’s day treatment clinic for eating disorders. The program will be based in Syracuse, NY, and will involve about 15 individuals, ranging in age from 12-45 (the majority being 14-20 years old). These individuals do not need any previous theater experience, they just have to be enrolled in Centre Syracuse’s program, be committed to their recovery, and have open minds. They will not be forced to do anything they feel uncomfortable doing, but will be encouraged to take chances and do things that are potentially out of the ordinary for them.

In order to implement this program, there are several things that will need to be taken care of. Funds will hopefully be obtained from a grant through NEDA (National Eating Disorder Association), entitled Know Your Story and Own Your Story. They will choose twenty-five eating disorder clinics to give money to for unique initiatives to fight against eating disorders. Additionally, a Chinese Auction will be considered (although they are a lot of work, they tend to be quite effective), as well as going to local businesses and attempting to collaborate in some way.

The staff will be a combination of the Centre Syracuse staff and members from Syracuse Stage. As far as training goes, the staff members will meet prior to the beginning of the program to decide how their skills and knowledge can be combined to best benefit the participants. They will mentor each other, so that the Centre Syracuse staff will have a greater understanding of basic aspects of theater, and the Syracuse Stage staff will be educated about Anorexia and Bulimia Nervosa. This will allow them to connect with the participants and respond to their needs on a deeper level. Syracuse Stage will also be providing stage space the program. Transportation will be provided by a bus from busrates.com, and the necessary
supplies will consist of a pens and journals, which will be provided by Centre Syracuse.

There are several intermediate goals that will be implemented so as the program begins, the stakeholders will be able to ensure that everything is remaining on task. This program is designed to educate the participants about drama and storytelling, so that they will be able to take their personal journeys and depict it on stage. The stage aspect will teach them to foster self-confidence and to encourage them to be vulnerable in order to perpetuate positive change.

During many of their groups at Centre Syracuse, they can be found sitting or laying in a position that makes themselves feel safe, as well as hide behind blankets. This program will challenge those behaviors. Each week, the participants will be taught the basics of theater, storytelling, and how they can utilize drama therapy during the recovery process. During the duration of the program, they will have the opportunity of putting their journeys into a staged performance that they will act in as well. The participants will use the skills learned from the drama professionals, as well as from the Centre Syracuse staff. This might be a new and intimidating experience for some of them, so each week there will also be a discussion portion of the class. This will allow the participants to evaluate their feelings and growth within the program as it progresses.

Logistically, there are a few things that must be taken care of in able to make this program successful. The budget will need to be maintained to ensure that there are enough funds for transportation, the supplies, stage space, and salaries for the staff. The supplies will also have to be replenished every few weeks. Weekly assessments will be completed by the participants and staff members. This will help to confirm that the implemented program coincides with the proposed program. Additionally, the participants’ weights, attitudes, and actions, will continue to be recorded daily to measure if the program appears to be helpful. It might be difficult to pinpoint if their daily successes or setbacks are attributed to the drama
therapy, but it is crucial to get as much information as possible throughout the program.

Short-term goals of this program include several different things. Firstly, I am hoping that this program reduces eating disorder symptoms of the patients at Centre Syracuse. Many times, the participants experience symptoms when they feel a loss of control, are anxious, or cannot make sense of their environment or themselves. Although this program will most likely put them out of their comfort zones, they will move through it at their own speed and comfort level. This might help to reduce any anxiety they might have about creating their stories or performing on the stage, allowing the program to be effective. They will receive theater and storytelling lessons long before they step on stage, and they will all be participating together to avoid feeling singled out. Along with this, I am hoping that this program helps the participants to feel more confident in a group. Although they may feel initially hesitant, they can hopefully use each other for encouragement and strength (which may then foster confidence).

Another short-term goal of the program is that the participants will gain a greater understanding of theater and storytelling. Each week the drama professionals will teach them aspects of theater, and also how they can use it in relation to their personal stories. Additionally, I am aiming for the proposed program to help the participants decrease negativity towards their bodies. The idea with this program is that if they are better able to understand their pasts and their journeys, then they might have a connection to themselves and see themselves in a new light. These attitudes are likely to result in positive self-talk, with may contribute to a slightly healthier self-image.

Long-term goals of the program are essentially expansions of the short-term goals. Overtime, I would love to see this program help the participants fully recover from their eating disorders. It would be ideal for the participants of this program to make discoveries about their
own stories as well as feeling more comfortable in their bodies. The participants will be monitored throughout the entire duration program to ensure that they are progressing and are pleased with the nature of the program. This will allow adjustments to be made in order to suit their needs in order to benefit from the drama therapy program.

Confidence and acceptance are two of the biggest things that once achieved, are integral to helping the participants beat their disorders. Their acceptance and confidence may come from several things, including understanding their past and present behaviors, forgiving themselves and others, and keeping an open mind to positive change. In this program they will learn how to achieve these things through drama therapy. The goal is that it will be cathartic for them to be able to act out their highest and lowest moments, and welcome the unfamiliar but healthy emotions that accompany this kind of release. Finally, a long-term goal of this program is that the participants go on to live happily and healthily. An eating disorder just like anything else in life is a process, and their work is not done at the end of the program. This program is designed to give them the tools, encouragement, and freedom to reclaim their bodies, minds and lives. At the completion of the program, the participants will hopefully have the drive and will to do the work to maintaining a happy and healthy life.
Methods

Needs Assessment

The proposed program is crucial for the mental and physical wellbeing of the individuals in today’s society. This program was designed to combat the warped standard of beauty that drive people to have poor body images, and ultimately lead individuals to develop life-threatening eating disorders. In order to determine whether or not the program would be necessary and well received by the public and potential participants, multiple focus groups were conducted over a period of six months.

The first round of focus groups consisted of individuals who were deemed “at risk” for eating disorders, (based on BMI, doctor, parent, or counselor recommendations, or if they volunteered themselves), or individuals who had received treatment for eating disorders. Recruitment was done on a strictly voluntary basis; there were incentives (monetary gifts were given for participation), but individuals were not forced nor coaxed into participating against their will. It was important to have this group be the first ones in a focus group, because since they would potentially be the participants, it was necessary to gather data that illustrated that the target population was interested in the program idea.

These individuals discussed their thoughts on topics such as eating disorder treatment programs, group treatment programs, drama therapy, and storytelling. The participants also discussed why or why not they would want to participate in drama therapy-based program. The results of the focus group indicated that although the participants would be hesitant to partake in the program (due to lack of performance experience, confidence, and body image issues), that it sounded like a lot of fun. The majority of them believed that it was both a unique, effective, and necessary treatment approach to tackling these serious disorders, and that they would be willing
to try it.

Focus groups were then held with counselors who specialized in eating disorders and drama professionals in an attempt to see if the two groups could mesh well in order to implement a drama therapy-based eating disorder treatment program. The participants gave the group brief backgrounds about their experiences, and discussed how they could use their expertise to work as a team. Open-ended questions were also asked to the experts in order to elicit responses that spoke to what they believe the proposed program should entail. The participants of these focus groups decided that a drama therapy-based eating disorder treatment program is definitely needed for individuals struggling with these disorders. They strongly believed that by using storytelling to understand their experiences and acting it out on stage, it could help to foster self-acceptance, confidence, and love in the patients.

In addition to focus groups, a community survey was distributed to a wide array of individuals in order to help determine whether or not a drama therapy program for individuals with eating disorders was necessary. The questionnaire was distributed to high school students and their families, and in counseling and eating disorder treatment agencies for counselors and patients, and their families. The survey asked questions about what they believed an eating disorder treatment program should provide, what a program should not include, and how effective creative arts therapy modalities (such as drama therapy and storytelling) are during the eating disorder recovery process. The questions were a combination of Likert-type scale questions and short answer questions. The survey also included questions about the participants’ demographic information in order to determine how the various groups of potential stakeholders felt about the proposed program. The results of the survey concluded that individuals with eating disorders, friends and family of the individuals, and counselors
unanimously supported a drama therapy approach to treat individuals struggling with eating disorders. They believed that it could be just as effective as talk therapy. Additionally, along with recovering from their eating disorders, the program would be an additional expressive outlet for these individuals in healthy ways.

Research Designs and Measures

In order to accurately decide if the proposed program’s short and long-term outcome goals will be met, a variety of measures will be used to evaluate each outcome goal. Each outcome goal is listed below, along with an in-depth description of the measure that will be implemented. The first short-term goal is for the participants in the proposed program to reduce their eating disorder symptoms. This outcome goal will be measured by utilizing the Eating Disorder Inventory (EDI). This is a questionnaire that was developed in 1983, and is commonly used in both research and clinical settings. The survey asks questions which measure eating disorder symptoms. There are several scales, including drive for thinness (DT), body dissatisfaction (BD), Bulimia (B), perfectionism (P), impulse regulation (IR), maturity fears (MF), and social insecurity (SI) (Garner, 1991). Some sample questions are, “I think that my thighs are too large”, “I feel extremely guilty after overeating”, and “I wish that I could return to the security of childhood” (Mitchell, & Peterson, 2005). This questionnaire could help to .

This outcome goal will utilize a pretest-posttest research design. The questionnaire will be administered to participants at the beginning of the program as well as at the end of it. This will help to illustrate that the reduction in the participants’ eating disorder symptoms is attributed to the success of the proposed program. Even individuals who do not have full-blown eating disorders may exhibit some activity on some of these scales (due to other mental health issues, environmental or developmental circumstances, or general insecurities about one’s body), but
success for the participants will be measured by noticing a dramatic decrease on these scales at the end of the program.

The second short-term goal is to have the participants decrease their negativity about their bodies. This outcome goal will be measured by using a combination of a time-series and non-equivalent control groups as the research design. This includes having two similar groups; one will be receiving the treatment through the program, while the other does not. The two groups will be observed multiple times before and after the program is introduced to the individuals. The purpose of this research design is to increase the internal validity of the program (which explains that the results of a program are attributed to the quality of the program and not outside factors).

This outcome goal will be measured by facilitating two separate focus groups. There will be several of them spread out from before the program begins, continuing during the program, and there will be a final one after the program has ended. Each focus group will have a different theme relating to body image (such as the media’s influence on body image or the age that the individuals became sensitive to their bodies and appearances), but the themes will be consistent between both groups in order to assess the influence of the treatment program. By the end of the program, the focus group moderators should recognize a definite decrease in the negativity regarding the body images of the individuals who participated in the drama therapy program.

In order to evaluate the short-term goal of increasing the participants’ understanding of theater and storytelling, a non-equivalent control group research design will be used. This means that individuals who are experiencing the drama therapy treatment program will be compared to others with similar backgrounds (struggling with eating disorders), but are not
receiving the same treatment. These individuals will be recruited by accessing the waiting list for the treatment clinic. This outcome goal will be measured by administering a questionnaire for both those who will be participating in the program, as well as those who are on the waiting list. Since drama therapy and storytelling are major components of the program, the questions will consist of information relating to drama therapy and storytelling, to assess their knowledge and attitudes in and about these topics. The questionnaire will of some Likert-type questions, as well as true and false, and short-answer questions. Examples of questions that will be included are, “True or False: I would feel comfortable disclosing to others about my past experiences”, or on a Likert scale, “I have had experience on a stage before”; “I have a good understanding of my personal story.”

Ideally, those who are in the program should score higher than those who are not yet participating in it. There are possible threats to the internal validity, however, including the fact that some individuals who are not participating in the program might have theater experience and will score higher than the average individual. Although they cannot be excluded from the data for having knowledge, there will be a question that asks the participants to describe their knowledge and experiences with drama therapy and storytelling. This will help to account for individuals outside of the program who have more outside knowledge.

The final short-term goal is for the participants to increase their confidence in a group, which will utilize a time series research design, which implies that there will be intervals of monitoring progress and results of the program being measured. This goal will be measured by doing weekly observations of the participants throughout the entire duration of the program. The observations will be naturalistic and not analogue, because they will take place at the program location, rather than in a clinical setting. The program will be rather low-key;
instructors will be called by their first names, there will be no dress code, and participants are only expected to be respectful of others and demonstrate common courtesy, which should alleviate some of the anxiety that the participants may feel toward the treatment program. The observers will be recording the actions, attitudes, and body language of the participants for future reference and evaluations. The hope is that at the end of the program, participants will feel more confident within group settings, and just be able to enjoy themselves, rather than compare their bodies, confidence levels, and overall appearances to others in the group.

The first long-term goal is for the participants to fully understand and accept their pasts. This outcome goal will be measured by using a pretest-posttest research design. This program goal will be measured through the program participants completing a survey about their life experiences before beginning the treatment program, and they will complete the same survey at the end of the program. The survey will consist of “check all that applies”, true and false, and Likert-type scale questions about family dynamics, experiences with friends, and adversity they have faced. Examples of Likert-type questions that it will include are, “My parents are divorced”, “Due to my past experiences, I believe that I had to grow up faster than my peers”, and “I tend to hold grudges against people who have wronged me”. An example of a true or false question will be, “I believe to have a lot of friends.” There will also be segments where the participants will be asked to complete a narrative (however long they see fit) to describe in their words their personal “stories”, as well as their understanding and attitudes about their life experiences. This program will help individuals recover from their eating disorders, but also to understand their past experiences in order to accept them and grow from them. There should be a major increase in their understanding and acceptance of their experiences by the conclusion of the program.
The second long-term goal of the proposed program is for the participants’ overall confidence levels to increase. This will be measured by using a non-equivalent control group research design by employing interviews to participants of the program as well as individuals who are in need of the services, but still on the waiting list. At the end of the program, program participants will be interviewed to see how they believe their confidence levels have improved, as well as their current confidence levels. Topics throughout the interview will include various aspects of confidence, including self-confidence and ability in life, confidence in a group setting, and confidence about body image. The interview will be structured more like a casual conversation to try to account for the possibility that the individuals may be nervous, or if they are trying to perform to come across as “correct” during the interview. The idea is that the individuals who are exposed to the proposed program will have higher levels of overall confidence than the individuals who have not yet benefitted from the program.

Another long-term goal of the program is for the participants to fully recover from their eating disorders. This outcome goal will be measured by utilizing a pretest-posttest research design. This goal will be measured by means of a survey that the participants will complete both before and after the treatment program. The survey will be similar to the Eating Disorder Inventory (EDI) from the short-term goals, asking questions about eating habits, body image, emotional regulation, need for control, and coping strategies to combat change and adversity; example questions might be, “When I get into a fight with a loved one, I tend to overeat”, “When I get into a fight with a loved one, I tend to restrict calories”, or “When I get into a fight with a loved one, I notice no change in my eating behaviors.” The questions will be mostly true and false, questions based on a scale from 1-10 (10 being the highest), and short-answer questions. The hope is that the second time the participants complete the survey they exhibit none of the
signs that illustrate eating disorder behavior. After the program has finished, the survey results
should indicate that they are no longer obsessive about food, do not restrict calories, binge,
purge, use laxatives or diet pills, over exercise, they have adopted healthy coping skills, and that
they have a healthy body image.

The final long-term goal of the proposed program is for the participants to live happily
and healthily. This goal will be measured by utilizing a pretest-posttest research design. This
outcome goal will be measured by interviewing the participants both before and after the
program takes place. The interviewer will ask open-ended questions to the participants, and
stray away from simple yes or no questions in order to elicit full and detailed responses.
Interview questions will be about how they view themselves in terms of happiness and
healthiness, about their daily routines, hobbies, how they spend their free time, and their level of
optimism when they are faced with adversity. This will help to assess how resilient the
participants are, and how their outlooks improve as a result of the proposed program. Their
hopefully increased levels of happiness and health will allow them to bounce back when they are
faced with challenges after the treatment program, rather than enable them to remain victim of
their circumstances.

Participants

This drama therapy program will be provided to Centre Syracuse patients, ranging from
ages 12-45 years old. These are individuals who battle eating disorders and illustrate poor self-
image. It will be expected that all participants be present and remain actively engaged for the
entire duration of the program to allow for maximum results. Participants will be well aware of
all of the rules and expectations of the program before they enroll. If participants do not comply
with the guidelines of the program, they will be asked to leave.
Additional program stakeholders are the program staff members who will be hired from both Centre Syracuse and The Stage in Syracuse, NY. The participants will mostly be women, because there tends to be more women than men who receive treatment at Centre Syracuse, but the program will be able to accommodate men’s needs as well.

Data will be gathered from the program participants, program staff, the families of the participants, and the participants’ outpatient therapists. These individuals will interact with the participants in different ways, and will each be able to provide a unique perspective when assessing the possible strengths and weaknesses of the proposed program.

Results/Discussion

Costs and Benefits

Fortunately, since the proposed program is a branch of the already implemented Centre Syracuse program for the treatment of eating disorders, only a few expenses will need additional funding. The costs that are already being paid for are known as sunk costs. The sunk costs will cover the fixed costs of the proposed program, and items such as the staff’s professional licenses and salaries for the Centre Syracuse staff. The Centre Syracuse staff plans to adjust their clinic’s program’s schedule as well as being flexible by potentially working additional hours for the duration of the drama therapy program. There are multiple therapists on staff, so they will take turns participating in the drama therapy program within their treatment program at the clinic, while other staff therapists will complete insurance reviews or do their individual therapy sessions with clients for instance. Additionally, the supplies will already be accounted for (they include nothing more than pens and journals for the participants).

Non-reoccurring costs will include the flat rates for the bus transportation and stage space
(utilities and rent) that are needed for the duration of the program, and will be planned before the program began. Rather than paying multiple times throughout the duration of the program, Centre Syracuse plans to work with busrates.com and Syracuse Stage to work out a rate to pay that will cover the costs for the entire period of the program. These expenses will be covered through the grant that the stakeholders will apply for through NEDA.

Fixed costs will include the salaries for the staff from Syracuse Stage and a tip for the bus driver. Along with the Centre Syracuse staff, these employees will be well aware of the time commitment necessary to successfully carry out the program. Even if the program lasts longer (or shorter) on some days, they will be paid the same amount each week. The salaries and tips will be paid for from the money raised at the Chinese Auction that will take place before the program began. There will not be any variable costs, because the proposed program has a clear range of the number of participants. This program will only be available to participants Centre Syracuse, and the number participants range from 9-15. This will not affect the budgeting, because Centre Syracuse always carries extra supplies, and both the stage and bus can hold the necessary number of participants.

The benefits of the proposed program undoubtedly outweigh the costs. The program has an advantage by being connected to such a successful and cooperative eating disorder clinic, but even without the advantages of several already covered expenses, this program will do wonders for individuals, families, and society as a whole. Additionally, the program will be implemented in such a way to account for pitfalls, and the potential issues of the program will be minor, and worked out both quickly and smoothly. This truly speaks to the abilities of all of the stakeholders, the excellent organization and communication of all parties that will be involved, as well as the extreme benefits of and need for the proposed program to be continued after its
initial run. At the conclusion of the program, there will be a large decline in eating disorder symptoms and poor body image. Additionally, the social benefits will be enormous; these are the things that a price tag cannot be put on, such as huge increases in self-confidence, self-love, and efficacy.

Conclusions

There is ample evidence to illustrate that the proposed program will be extremely successful. There is a very high success rate at Centre Syracuse, which will allow this new branch of their treatment program to have similar success among the participants. There will be much interest in the proposed program continuing, and as a result of the needs assessment, it was concluded that the drama therapy aspect of the eating disorder clinic would be a major draw for individuals choosing to recover at Centre Syracuse (individuals from throughout the east coast as well as from Canada).

Due to the stakeholders’ immense commitment to the planning of the program, there should be no negative feedback provided by the public or participants. The participants will benefit from this program physically, mentally, and emotionally. For instance, they are predicted to adopt healthier self-images, improved their relationships with their friends and families, and reduce and eliminate their eating disorder symptoms and desires.

Additionally, by the end of the program, Centre Syracuse’s website and Facebook page is expected to attract more hits than ever before. This is due to the fact that the proposed program plans to be very proactive on social media websites, providing daily positive affirmations and messages of hope for individuals. By the proposed program changing perceptions of beauty, there will be an increase of individuals receiving help for eating disorders, as well as a dramatic increase in confidence with one’s body image. This further proves that this program is
absolutely a necessary step to helping individuals recover from life-threatening eating disorders, as well as helping to prevent them in the first place.

Communication of the Results

The results of the program will be communicated to the public in a variety of ways. Firstly, there will be articles posted in the Post Standard newspaper in Syracuse, the Palladium Times in Oswego, and even a couple of papers in Canada, because due to the success of the program, Centre Syracuse's reach is growing to individuals in Canada as well. There will be more Centre Syracuse commercials filmed after the program as well, that will focus on the success of the drama therapy branch of the treatment clinic. The successes of the proposed program will also be documented in the full program evaluation that will be printed and available to the public.

Social media will also be utilized, as the program results will be shared through Facebook, Twitter, on the Centre Syracuse page, and through online blogs such as Tumblr and Blogspot. The research findings on eating disorders for the proposed program explains that many individuals receive information about society's standards of beauty from the Internet. Social media websites also provide information about how to achieve that level of beauty, in order to be loved and a deserving member of society. Additionally, the research concludes that the pro-eating disorder websites outweigh the pro-recovery sites. This program will serve as a desperately needed source of hope and inspiration for these individuals, allowing them to know that being healthy is beautiful, and that struggling can ask for help in order to recover.
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